

# REPORT

OF THE

## Medical Officer of Health

TO THE

GARSTANG UNION

## RURAL DISTRICT COUNCIL

For the Year 1906.



GARSTANG:

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# Garstang Rural District Council.

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Gentlemen,

It is again my pleasure to present you with my Annual Report for the year ending 1906.

This is my 24th Report and naturally one might conclude that during so many years a Public Health Authority might have concluded its work, established and perfected everything which would protect the health of a rural community, and have so educated its population, that those conditions which are known to be definitely injurious to a healthy life would have disappeared, and never again to recur.

But to-day finds you more occupied and interested than any time in your history as a Public Health Authority.

You have in the past spent much of your time and also of the public money, and the trend of circumstances will in future demand more from you.

The question might be asked, and very reasonably, why this should be so?

Has your work of the past been of no avail?

The answer is easy, and the results are definite. You have done a great amount of "good," the age is one of progress, and perhaps progress is nowhere more manifest than that of endeavouring to protect the health of our population.

It would seem in Rural Districts that you have only a small proportion of the whole population to deal with, approximately about 23 per cent. ; 77 per cent. being gathered in our large towns.

The important point which all Rural Authorities must realize is that the rural areas are the recruiting grounds of the towns, and what a large percentage of the young and rising population passes away to the towns or colonies.

Your work then in a Rural District has a high and noble aim (the benefit of which is not fully reaped, shall I say unfortunately in your own district), but the empire at large gets its share.

It must be apparent to every member of your Council that some of the most eligible, strong, and intellectual have passed from the soil of their birth in your district to distant lands, to take with them their intelligence and their skill, but above all the good health and sound constitution so essential in the battle of life.

From careful observation in your district I am fully convinced that in proportion to your population you have contributed a very large proportion of the best of your sons and daughters to this end, and I fear, to the actual detriment of the required labour, both domestic and otherwise.



Does not the agricultural community realize this in your district? To my mind it is definite and apparent. One of the greatest trials of the farmer in your district to-day is "labour." What is the position of the farmer of to-day without his sons and daughters? And as time goes on even these see the attractions of the towns or our colonies.

Rural depopulation is a reality, and you will see from the Inspector's Report that building is on the decrease.

I am sorry to see this. I have for years advocated the opening up of your district by railway accommodation, and in my opinion nothing will stop the decadence now so apparent and definite, without some definite railway system, which will bring about residential building, increase and cheapen the means of transit for agriculturalists, and render more attractive a most beautiful, healthy, and fertile district, situated along the banks of the River Wyre.

In Lancashire, in these progressive days, such a lovely country as your area comprises, ought not to be the centre of a decreasing population. Your position is practically one person to every five acres of land. I hope to live and realize this aspect of your district changing to that which its natural conditions demand, viz.:—An increasing population.

Having given this general survey of your present position, I will now proceed with the practical part of the year's report, which is on the whole very satisfactory.

### Deaths.

138 deaths have been registered in the Garstang Registration District. Seven of these deaths belonged to localities outside the Garstang Registration area. One death is registered at Lancaster Infirmary belonging to the township of Winmarleigh.

Deaths during 1906 are :

Garstang	30	31	61
Stalmine	16	19	35
St. Michael's	17	19	36
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			132

Males 63. Females 69.

Death Rate 12.64

Birth Rate 22.99

It will be noticed that heart disease in its various forms is responsible for about one-fifth of the deaths in the whole of your district.

No doubt the general character of employment in your district rather predisposes to heart enlargement, dilatation, and consequent degeneration, especially is this so amongst farmers and their wives.

During the year 1906 no deaths have occurred in Cleveley, Holleth, or Kirkland. Comparing this year with last, in the Garstang Registration District there is a decrease of eight deaths. In the Stalmine Registration District there is an increase of 12 deaths. In the St. Michael's Registration District there is an increase of seven deaths.

The deaths in Stalmine District are due to :—Phthisis 4 ; Tubercular Meningitis 2 ; Cancer 1 ; Pneumonia 3 ; Bronchitis 1 ; Influenza 2 ; Cirrhosis 1 ; Cardiac 7 ; and accidents, senility, and natural causes principally.

In St. Michael's District the deaths are due to :—Tubercular Meningitis 2 ; Accidents 2 ; Scarlet Fever 1 ; Pneumonia 2 ; Bronchitis 1 ; Influenza 1 ; Cirrhosis 2 ; Premature Birth 1 ; Malnutrition 1 ; Cardiac 15 : and senility, natural causes, &c.

The Townships that have increased death rates this year are :

Barnacre with an increase of 5 deaths.

Catterall „ „ 3 „

Inskip „ „ 4 „

Upper Rawcliffe „ 5 „

The Townships which have decreased death rates are :

Garstang decreased 6 deaths.

Winmarleigh „ 2 „

Kirkland „ 3 „

Barnacre has two deaths from Phthisis.

Catterall, no special cause of death.

Inskip „ „

Upper Rawcliffe „

There are nine deaths from Phthisis, and other Tubercular diseases four.

PHTHISIS :—

Barnacre has 2 deaths, ages 31 and 40 years.

Claughton has 1 death, age 23 years.

Hambleton has 2 deaths, ages 36 and 40 years.

Stalmine has 2 deaths, ages 23 and 31 years.

Winmarleigh has 1 death, age 5½ months.

Forton has 1 death, age 35 years.

OTHER TUBERCULAR DISEASES :—

Pilling one death age 9 years.

Hambleton one death age 10 years.

Upper Rawcliffe one death age 7 years.

Garstang one death age 12 years. Total 13.

The deaths from Phthisis and other tubercular diseases have occurred in nine townships ; being about one-tenth of the total deaths in your district.

Inskip has the highest death rate, 22.22. The deaths in this township are due to :—Premature Birth, 1 death ; Accidents 2 deaths ; ages 2 years and 34 years. Peritonitis, one death, age 7 years. Atheroma, one death, age 75 years. Cardiac Diseases, four deaths, ages 73, 73, 82 and 49. Cirrhosis, one death, age 57 years.

In the township of Winmarleigh there are two deaths from Whooping Cough and Measles. Also a death from Phthisis. These three deaths are under one year of age. This township has again a death from malignant disease, age 44 years.

**Births.**

	Males.	Females.	
Garstang	56	55	111
Stalmine	45	20	65
St. Michael's	30	34	64
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		Total	240
			<hr/>

Comparing this year with last, there is an increase of 19 births over last year.

The record of deaths under one year is the lowest record during the past ten years.

**NOTIFIED CASES :—**

Diphtheria	6
Enteric	12
Erysipelas	8
Scarlet Fever	34
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Total	60
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It will be seen that there are three more notified cases this year than last. There has not been a single case of Smallpox in your district.

**INFECTIOUS DEATHS :—**

Erysipelas	1
Measles	2
Scarlet Fever	1
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Total	4
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There is one more infectious death this year than last.

**Notified Cases.**

Garstang Registration District	29
Stalmine	13
St. Michael's	18
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	60 cases.

**GARSTANG :—**

Catterall—Enteric 2 cases.

Calder Vale—Enteric 1 case; Scarlet Fever 3; Diphtheria 1.

Garstang—Diphtheria 5 cases; Enteric 1; Scarlet Fever 2.

Nateby—Enteric 2 cases; Scarlet Fever 2 cases.

Kirkland—Enteric 1 case; Scarlet Fever 1 case.

Scorton—Erysipelas 1 case.

Winmarleigh—Enteric 1 case; Scarlet Fever 6 cases.



## STALMINE :—

Hambleton—Erysipelas 1 case.

Pilling—Enteric 1 case; Erysipelas 3 cases; Scarlet Fever 2.

Stalmine—Enteric 2 cases; Erysipelas 3 cases; Scarlet Fever 1 case.

## ST. MICHAEL'S :—

Inskip—Scarlet Fever 2 cases.

Myerscough—Scarlet Fever 15 cases.

Out Rawcliffe—Enteric 1 case.

In the township of Myerscough there have been fifteen cases of Scarlet Fever (one death resulting).

Thirteen townships in your district have been infected.

## REGISTRATION DISTRICTS :—

Population of Garstang	...	...	...	...	5311
.. .. Stalmine	...	...	...	...	2265
.. .. St. Michael's	...	...	...	...	2860

Population, 10,436.      Death Rate per 1,000.....12.64

Townships (22).	Population.	Deaths.	Rate per 1,000
Barnacre-with-Bonds ... ..	1,117	17	15.21
Bleasdale ... ..	403	3	7.44
Cabus ... ..	171	1	5.80
Catterall ... ..	317	5	15.77
Cloughton ... ..	561	7	12.47
Cleveley ... ..	62	0	0
Forton ... ..	539	6	11.13
Garstang ... ..	808	9	11.13
Holleth ... ..	25	0	0
Kirkland ... ..	273	0	0
Nateby ... ..	297	3	10.10
Nether Wyresdale ... ..	454	4	8.81
Wimmarleigh ... ..	284	6	21.12
Total in Garstang District ...	5,311	61	
Bilsborrow... ..	181	1	5.52
Great Eccleston ... ..	583	8	13.72
Inskip-with-Sowerby ... ..	450	10	22.22
Myerscough ... ..	423	5	11.82
Out Rawcliffe ... ..	705	5	7.09
Upper Rawcliffe-with-Tarnacre	518	7	13.51
Total in St. Michael's District ...	2,860	36	

Hambleton	...	...	...	...	321	7	21.80
Pilling	...	...	...	...	1407	18	12.79
Stalmine-with-Staynall	...	...	...	...	537	10	18.62
Total in Stalmine District					2,265	35	

Five deaths have occurred in the Union Workhouse, three are included above. Two of these belonging to Lancaster District have been notified to the Medical Officer of that district.

The death rate is a little higher than last year, but is very satisfactory.

The death rate from infectious diseases is also very low.

Measles assumed an epidemic form, five schools being closed by you on this account. Two deaths were registered from this cause.

### **Isolation Hospital Areas.**

In dealing with some rather trying cases of infection you established some local Isolation Hospital Areas, and although you experienced some trouble and anxiety, yet the results were satisfactory.

In dealing with all forms of infection the attendant expenses are necessarily heavy, but such primary expense is undoubtedly financially beneficial all round by controlling the disease, placing the patient under better conditions for recovery, reducing the mortality, and protecting the public.

### **Isolation Hospital.**

I do not intend in this report to discuss the question. I fully laid before you in a careful and exhaustive report, 1905, your position in this matter.

You have occupied much time and discussion on this subject during the past year, and it now seems apparent that unless you take some definite action in this matter, other Authorities may exercise their powers and carry out the work to their own satisfaction. But you may prolong the period of consideration, which may prove detrimental to your own interests, and my advice is to take definite action.

### **Notification of Phthisis.**

During the past year you supported the Kingston Union in their endeavour to get Phthisis included amongst the Notifiable Diseases.

Your action I considered wise when it is seen in your own district that Tubercular disease has caused so many deaths, "thirteen," and infected nine townships. It has shown year by year a greater mortality than any other infectious disease in your district, consequently it requires more direct attention.

Although you allow a voluntary Notification fee, yet not a single case has been notified during the year.



## **Adulteration Acts.**

You received a letter from the Central Chamber of Agriculture enclosing copy of a resolution passed by the Central and Associated Chamber of Agriculture, urging Local Authorities to enforce the Acts for the Prevention of Adulteration.

This is undoubtedly a very important matter from a farmer's point of view and even the public generally.

Any person selling an article other than of the nature and substance demanded is amenable to the law.

I fear Local Authorities are generally remiss in carrying out these Acts, and their apathy will in all probability carry the powers of these Acts into other hands. There cannot be any doubt but that the whole subject of adulteration is one of vast importance.

## **Sewerage.**

Continued and steady progress is being made. Great Eccleston has completed the drainage of the village, and thus coupled with the Fylde water supply, has much improved its general sanitary condition.

The question of scavenging this village has been under your consideration without as yet any definite result. Complaints have been made here as to the tipping of rubbish in objectionable places.

SCORTON SEWERAGE.—This scheme appears to me to be approaching a settlement. I trust this may be so. Your Committee have had important negotiations which I hope will have a satisfactory result.

Scorton, with such beautiful natural surroundings, will largely benefit by a complete and efficient system of sewerage.

HAMBLETON SEWERAGE.—This township has been specially reported upon by Dr. Reece, Local Government Board Inspector. Dr. Reece considers the water supply "urgent," and that a system of sewerage is also necessary. Your Council is urged to procure a proper water supply as early as possible.

The Hambleton Sewerage Committee in December resolved—That the District Council be recommended to take steps to make an agreement with the Fylde Water Board for the provision of a supply of water to the populous parts of the township of Hambleton.

Much time and consideration with special reports has been given to this township.

I am still of opinion that any township ultimately benefits from a well-considered water and sewerage scheme, be that Hambleton or elsewhere.

It is an investment which brings in a sure and safe return; from long experience I do not in the least doubt this assertion, especially is this the case with regard to a water supply.

Good water is appreciated by everyone, and once a constant supply gets into a township that supply is constantly in increased demand.

I have seen this repeatedly, and when once the supply is established in Hambleton there will be continued demand, and any special water rate which may be required for the immediate future will gradually disappear as time progresses.

The sewerage schemes in Bonds Lane and Calder Vale, and also Catterall, are making satisfactory progress.

### **Water Supplies.**

Continual progress is being made. Fylde water continues to be supplied to various parts of the district.

Drinking troughs for cattle are becoming much more prevalent, and many isolated farm-houses have received a supply.

So far no definite progress has been made in Pilling, Bilsborrow and Myerscough, all of which have requested water.

The main to the township of Inskip is practically complete, this will be a great benefit to that portion of the township supplied. No doubt an extension will be made here in course of time.

Specimen after specimen has been taken from wells in your district, and rarely is a wholesome supply of water found.

The ordinary wells made in your district become year by year more dangerous and risky. In many parts of your district it is practically impossible to obtain a pure supply of water, however much care is taken in making wells. No wonder then that I should be a stern advocate for a water supply from a source where contamination is almost impossible under ordinary conditions. For the maintenance of health pure water is essential for every household.

### **Cowsheds and Dairies Order.**

This question has of late been receiving your careful attention, and the Local Government Board's Regulations have been printed and a copy presented to each member of the Committee. These regulations in a modified form are in contemplation, I hope your deliberations will lead to a definite result.

The matter is one of grave importance to the public, the tenant, and also the landlord, and last but not least, the health of the cattle and their natural product "milk."

### **The Midwives' Act.**

The registered nurses under this Act are now five in number in your district.

The County Council has appointed a specially qualified lady to visit the various nurses in the county, and to give special instructions to them.

I feel certain great benefits will be derived by the very poor in the working of this Act.

### **The Feeding of Infants.**

The County Medical Officer has issued printed circulars on the "Feeding of Infants." I consider this an excellent move and calculated to decrease the mortality in children under one year. The



instructions given in these circulars are most valuable to any mother and I commend them to all mothers in your district.

Applications for these instructions may be made to the nurses in the district, and I consider your Inspector might make good use of them in many cases.

### **Vagrancy.**

The report issued by the Departmental Committee on Vagrancy is an important and complete one, and I fully endorse it, and in my opinion the sooner it is embodied in an Act of Parliament much better will it be for the vagrant man or woman, and their children; and certainly from a public health point of view a great protection to the population generally.

The recommendations are much on the lines embodied in a Paper read by the Rev. Jas. C. Gardner, as one of your representatives at the Poor Law Conference at Southport, in September, 1905. Police control; labour colonies; Exchequer contributions. Special regulations are suggested for women and children.

Section 14 of the Industrial Schools Act, 1866, to apply to vagrant children.

There is one point I should like to mention as bearing on the question of vagrancy, and it is my personal opinion that the general population of England has, to a very great extent, cultured and encouraged vagrancy by the habit of giving; the result being that begging has become an organized trade, much to the danger of those who encourage it.

If every householder would stand firm and organize definitely on this question the vagrant in my opinion would die a natural death and disappear from our midst with his attendant dangers.

England as a civilized country almost stands alone in her great generosity to the begging community, and thereby fosters the spread of disease, lack of thrift, and consequently a greater burden on our rates. The combined action of the public generally would, to my mind, strike at the root of the vagrant question, but uniformity of action is difficult to acquire on a question of such magnitude and so firmly implanted in the minds of the community, that legislation of a thorough and stringent character is required, and the sooner such is carried out the better it will be for all concerned.

### **Tuberculosis.**

This question continues to occupy the attention of all "Health Authorities," and the whole question has now become more definite and real as to its relations between the human subject and animals. The position taken up by Professor Koch at the London Congress in 1901 can be no longer maintained.

The researches of the Government Commission of this country, also of Germany and America, have definitely proved that Tubercle Bacilli of the animal type do cause in the human subject not only localized tubercular disease but also general "Miliary Tuberculosis."

These investigations have been carried out by most expert methods and by men of eminence, and can be no longer doubted.



The conclusion therefore is definite ; that all precautions against infection from tuberculous meat and milk must be rigidly carried out,

Professor Koch's statement has certainly caused a most complete and careful investigation of the whole subject, the effect of which will exercise an influence over the world's surface.

The whole question of Tuberculosis is one of great and absorbing interest, and is being extensively dealt with in all civilized countries, especially in Germany and France.

A great attempt is made in these countries to attack the disease in its early stages, and especially amongst the poor classes.

This is carried out by special organizations in Germany. The financial aid is procured by a system of workers. Insurance and a tax is deducted from the wages of every male and female worker throughout the Empire. The money so raised is expended upon incapacity arising from accident, sickness, invalidity and old age. Provision is also made for the family of the breadwinner so attacked.

Tuberculosis is one of the commonest causes of incapacity, consequently the working class sanatorium is the prominent feature.

Grants also are made by the Government in aid of sanatorium treatment. There are about 125 Sanatoria in Germany, of these 90 are for the working class and 35 of a private character.

What a contrast between this country and that of Germany! In the latter it has evidently become a national question. I might note in passing that in South Africa, where consumption was almost unknown, yet since more of the white population has gone out there the disease is much more manifest and decidedly on the increase.

Yet the climate is one calculated to check the spread of infection. This only leads one to the importance of isolating these cases, not only as a curative method, but also for the prevention of infection.

I ventured the opinion in my last year's report that human Tuberculosis in your district should be non-existent, if complete notification could be carried out together with isolation.

It is surprising how the infection will stick to a house, year by year, when once attacked.

At a Meeting of the Sanitary Institute I ventured to express my opinion in favour of sanatorium at home, both as a curative and preventive treatment. Wooden buildings (inexpensive), and revolving, are now made, which answer well this purpose, and I think might be used in your district, the patient being practically treated in the vicinity of his home, in the most suitable and elevated spot.

I have treated one such case (not in your district) with good effect.

Notification is necessary, and also some sacrifice on the part of the patient, but yet it enables the patient to be treated at or near his home, and under his own Medical Attendant.

I am of opinion that more will be heard of this method of treatment in the future. I am no advocate for congregating large numbers of consumptives together ; I believe in the " Chalet " system.

## Bye-Laws.

These now appear to me to be in a practical way towards completion, you having devoted much time and attention to them. Every reasonable endeavour should be made to encourage building in your district, and thereby increase your population.

I now add Inspector's Report, which shows a large amount of work done.

### To the Garstang Rural District Council.

Gentlemen,

I have pleasure in handing to you my Annual Report of the Sanitary Work in your district for the year ended the 31st December, 1906.

**INFECTIOUS DISEASES.**—Sixty cases of Infectious diseases were reported during the year. All the cases were visited forthwith on their being reported, and periodically afterwards. Printed instructions for the prevention of the spread of the disease and disinfectants (free of charge) were supplied in every case. The patients were as far as possible isolated. Six Schools were closed on account of Infectious Diseases, viz.:—Stalmine on account of Scarlet Fever; St. Thomas's, Garstang, Grammar, Garstang, Churchtown, Kirkland, Hambleton, and St. Michael's, Upper Rawcliffe, on account of Measles. After the patients were considered free from infection all the houses and schools were disinfected.

**COMMON LODGING HOUSE.**—The Registered Common Lodging House in your district is regularly inspected.

**SLAUGHTER-HOUSES.**—The ten Slaughter-houses in the five townships to which the bye-laws apply are regularly inspected, and were found in a cleanly condition. I inspected a considerable number of carcasses of meat exposed for sale, and in my opinion all of them were fit for human consumption.

**FOOD AND DRUGS.**—No samples of Food or Drugs were taken by me in your district for analysis.

**CANAL BOATS.**—Fifty-three inspections of Canal Boats were made during the year. There were four infringements of the Acts and Regulations, one was remedied and the other three notices have not expired.

**SCAVENGING.**—The scavenging of Garstang, which is carried out by contract, is satisfactory. The scavenging of Calder Vale, in the township of Barnacre-with-Bonds, which is carried out by your workmen, is also satisfactory. As expressed in former years, it would be advisable if you would scavenge the most congested places in your district, other than the above.

**SEWERING.**—A new sewer has been laid in Leconby Road, Great Ecclestone, which now completes the sewerage of the whole of the village. The work was carried out by your workmen under my supervision.

**SCORTON, NETHER WYRESDALE.**—I prepared plans and sections for the sewerage of the whole of the village of Scorton, which were accepted by you over 12 months ago. The work will be carried out as soon as terms have been arranged with the owners for wayleave and land for sewage works.

**BONDS LANE, BARNACRE-WITH-BONDS.**—I have prepared plans and sections for sewerage here. Most of the material has been got on to the ground, and the work will be started as soon as negotiations for wayleave and land have been completed with the owner.

**CALDER VALE, BARNACRE-WITH-BONDS.**—The laying of a length of sewer in Calder Vale Village, according to plans and sections prepared by me will be carried out shortly. When this work is done the whole of the sewerage of the Village will have been completed.

**CATTERALL SEWERAGE.**—The laying of a length of sewer and putting down a sewage tank in the above township is in hand.



SEWAGE TREATMENT WORKS.—The sewage treatment works on the south side of Bowgreave, in the township of Barnacre-with-Bonds, continue to give satisfaction. The sewage treatment works on the north side of Bowgreave, in the above township, which are on the International system, work as satisfactorily as can be expected under this system.

FACTORY AND WORKSHOPS.—Sixty-eight workshops have been inspected and all were generally well kept. There were only two causes of complaint, both in one workshop, which required whitewashing and structural alterations as regards ventilation. Both were remedied.

BAKEHOUSES.—Ten Bakehouses were regularly inspected and all of them were well kept.

SMOKE.—No observations were taken as regards the emission of black smoke in your district. No legal proceedings were taken.

NEW BUILDINGS.—Less plans have been submitted for approval and less building carried out in your district during the last twelve months than for the last ten years.

#### PARTICULARS OF INSPECTIONS, &c.

Number of Inspections made .. .. .	1147
Number of Complaints received .. .. .	15
Number of Nuisances abated .. .. .	221
Number of Notices sent .. .. .	98
Dirty houses ordered to be cleansed .. .. .	2
Registered Common Lodging Houses inspected .. .. .	1
Number of Houses dealt with as unfit for human habitation .. .	3
Removal of Manure improperly deposited .. .. .	2
Old Wells cleansed .. .. .	7
New Wells sunk .. .. .	4
Number of Bakehouses inspected .. .. .	10
Number of Workshops inspected .. .. .	68
Legal Proceedings taken .. .. .	Nil
Canal Boats inspected .. .. .	53
Number of Houses disinfected after infectious disease .. .. .	
Number of Schools disinfected after being closed on account of infectious disease .. .. .	5

#### PLANS.

Plans received for approval .. .. .	19
Plans approved .. .. .	12
Plans not approved .. .. .	7
Representing:—	
New Houses approved .. .. .	9
New Additions to Houses approved .. .. .	4
New Farm and other Buildings approved .. .. .	1
New Houses not approved .. .. .	1
New Additions to Houses not approved .. .. .	1
New Farm Buildings not approved .. .. .	1
Buildings not approved but erected (Bond being given) .. .. .	5
Houses completed during the year .. .. .	10
Houses in course of erection 31st December, 1906 .. .. .	2
Additions to Houses completed .. .. .	3
Additions to Houses in course of erection 31st Dec., 1906 .. .. .	1
New Farm and other Buildings completed .. .. .	3

I am, Gentlemen,

Your most obedient servant,

JAMES COOK,

Town Hall, Garstang,  
7th February, 1907.

Sanitary Surveyor and  
Inspector of Nuisances.



The usual Tables, as requested by Local Government Board, County Council, and Home Office, are also appended herewith.

In conclusion, I wish to express a great hope that your Council will in no way relax your efforts in spreading a pure, wholesome, and continuous water supply in your district. This matter is of continual and grave importance.

When it is considered that from your own district water is procured from natural resources and carried to all the sea-side and inland towns, &c., yet difficulties of a very serious financial character often arise in your scattered area, much to the disadvantage of your own population.

It would seem only natural that every facility should be given to your own population, since the water is contracted from your midst.

It seems a very anomolous condition that any Public Water Board should supply certain local areas in a parish where the dwellings are more numerous and giving them a large financial return, and then afterwards insisted on a 6 per cent. return for the scattered adjacent areas; such was not to my mind a really legal intention.

Should not a much increased financial return in a congested area be a set off against the cost of a water supply supplied at a further distance in the same parish?

The answer is apparent and definite to my mind. I feel it my duty to call your special attention to this question, as at present constituted the whole matter is detrimental to the public health of your district.

I trust some real and definite means may be devised whereby more special and accommodating power may be given you in supplying water to many of your townships, not only required for human consumption, but also for agricultural purposes.

Your continual attention to water supplies is one of the pressing matters in your district. A good water supply is a fundamental principle to all other Sanitary Reforms, and although you have devoted much time and attention to this question, yet your efforts must be renewed with increased vigour, and I trust with success to the general benefit of your population. You have done much in this matter, but much more remains to be done.

Year by year the public in Rural Districts are becoming more alive to the great importance of a pure water, pure air, with good drainage, and uncontaminated soil, in other words: a sanitary dwelling in which to live. Surely then as a Public Health body all your work is directed to this end: "The Prevention of Disease."

I am glad to feel that your Council has not been slow to realize with cumulative positive evidence that after all good health is a real fundamental principle of all good and useful lives, and everything practically becomes a burden when that great blessing is removed, and we become the subject of disease, preventable or otherwise.

Your work is directed to those diseases which are known to be preventable and avoidable, and by your efforts in the past, I have no hesitation in saying many useful lives have been saved, and your continued efforts in the future will save many more.

May you continue in this good work.

I now beg to thank you for all your kind co-operation and support, without which my efforts would be of little avail.

I am, Gentlemen,

Yours obediently,

February, 1907.

THOMAS FISHER.

# Garstang Rural District Council.

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Smallpox, Cholera, Diphtheria, Membranous Croup,  
Erysipelas, and the following Fevers :—  
Scarlet (also called Scarlatina), Typhus, Typhoid or  
Enteric, Continued, Relapsing, and Peurperal.

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## Cautions to Householders

Against the Commission of Acts by which Infectious  
Disease may be spread.

ISSUED BY ORDER OF THE HEALTH COMMITTEE.

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### NOTICE IS HEREBY GIVEN

*That the Public Health Act, 1875 and the Infectious Disease (Prevention) Act 1890 render liable to penalties persons who may commit any offence which may tend to cause the spread of infectious disease (including the above-mentioned diseases) and proceedings will be taken in all cases where an offence has been committed.*

The Public Health Act 1875 provides that :—

1.—Any person who —

(a) while suffering from any dangerous infectious disorder wilfully exposes himself without proper precautions against spreading the said disorder, in any street, public place, shop, inn, or public conveyance, or enters any public conveyance without previously notifying to the owner, conductor, or driver thereof that he is so suffering ; or

(b) Being in charge of any person so suffering, so exposes such sufferer ; or

(c) Gives, lends, sells, transmits, or EXPOSES, without previous disinfection, any bedding, CLOTHING, rags, or other things WHICH HAVE BEEN EXPOSED TO INFECTION from any such disorder

Shall be liable to a penalty not exceeding £5 ; and a person who, while suffering from any such disorder, enters any public conveyance without previously notifying to the owner or driver



that he is so suffering, shall in addition be ordered by the Court to pay such owner and driver the amount of any loss and expense they may incur in carrying into effect the provisions of this Act with respect to disinfection of the conveyance.

2.—Any person who knowingly lets for hire any house, room, or part of a house in which any person has been suffering from any dangerous infectious disorder, without having such house, room, or part of a house, and all articles therein liable to retain infection, disinfected to the satisfaction of a legally qualified medical practitioner, as testified by a certificate signed by him, shall be liable to a penalty not exceeding £20.

3.—Any person letting for hire or showing for the purpose of letting for hire any house or part of a house who, on being questioned by any person negotiating for the hire of such house or part of a house as to the fact of there being or within six weeks previously having been therein any person suffering from any dangerous infectious disorder, knowingly makes a false answer to such question, shall be liable at the discretion of the Court to a penalty not exceeding £20, or to imprisonment with or without hard labour for a period not exceeding one month,

The Infectious Disease (Prevention) Act, 1890, provides :

4.—No person without the sanction in writing of the Medical Officer of Health or of a registered medical practitioner, shall retain unburied elsewhere than in a public mortuary or in a room not used at the time as a dwelling place, sleeping place or workroom, for more than forty-eight hours, the body of any person who has died of any infectious disease.

5.—Any person who shall knowingly cast, or cause, or permit to be cast, into any ashpit or similar receptacle, any infectious rubbish without previous disinfection is liable to a penalty.

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## SUGGESTIONS

### For preventing the spread of Infectious Disease.

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In order to prevent disease and suffering, the Health Committee appeals to the parents and attendants of patients suffering from Infectious Disease to observe the following instructions ;

#### 1.—Isolate the Sick—

The patient should be at once separated from the other inmates of the house, and, if possible, placed in a top room and have that floor devoted to himself and his attendant.

All bed curtains and other hangings, carpets, rugs, and all articles of dress and the like in wardrobes and cupboards and all unnecessary articles of furniture should be removed.

## **2.—Ventilate Sickroom and House**

The room should be kept well ventilated, windows should be kept partly open (the patient being protected from draughts by a screen when necessary), communication with the chimney should be kept free and, weather permitting, a fire should be kept burning. The floor should be sprinkled with disinfecting fluid and cleansed daily.

## **3.—Place Antiseptic Sheet outside Sickroom door—**

The door should be kept closed and a sheet kept wet with Izal, Sanitas, or other disinfectants, should be hung outside so as to cover every crevice.

## **4.—Disinfect all Discharges from Patient—**

Everything that passes from the patient (sputum, vomit, urine, faeces) should be received in vessels containing a disinfectant, and an additional quantity of the disinfectant should be added to the vessel BEFORE removing it from the room. All food and drink not used should be mixed with disinfectant and should not, under any circumstances, be partaken of by other persons.

In TYPHOID FEVER the pail supplied MUST be used for the reception of all slops, &c., referred to in the foregoing.

## **5.—Do not use Handkerchiefs—**

In Diphtheria and Phthisis, pieces of rag should be used for sputum and discharges from the nose and mouth and should be immediately burnt.

## **6.—Disinfect all Utensils—**

All cups, glasses, spoons or such like articles used in the sick room should be placed in disinfectant solution before being removed therefrom and they should be subsequently washed in hot water.

## **7.—Disinfect Patient's Linen—**

All bed and body linen after use should be at once, before being removed from the room, put into the disinfectant solution and after remaining in this for at least an hour may be washed. At the termination of the illness the premises will be thoroughly disinfected under the direction of the Sanitary Staff.

## **8.—Keep Surroundings Clean—**

The patient's body and bed should be kept scrupulously clean, and when during the progress of Scarlet Fever or Small Pox, scales or crusts form on the skin, their diffusion should be prevented by smearing the body from head to foot with oil (Carbolic, Sanitas, or Eucalyptus). The house should be well ventilated and kept very clean; all sinks, water closets, traps and gullies should be in good order and have Izal or other disinfectant poured into them daily.



## **9.—Nursing Arrangements—**

Nurses or others in attendance should wear overalls or dresses of washable material; they should keep their hands clean, adding Izal, Sanitas, or Condyl's Fluid to the water in which they wash. They should remain with the patient, but, if compelled to leave the room, they should leave the overall or apron behind. They should not mix with the other members of the household.

## **10.—Visitors should not be received.**

## **11.—Vaccination—**


In cases of Small Pox all the members of the household should be vaccinated.

## **12—Observe Precautions during Convalescence**

The patient must not be allowed to mix with the other members of the household until—in Scarlet Fever—all “peeling” of skin and all discharges from the ears and nose have ceased; in Diphtheria—all discharges have ceased; in Small Pox—all scabs have fallen off. The patient must be thoroughly cleansed by the use of a warm bath containing Izal or other disinfectant and his removal from the room must be sanctioned by the medical practitioner. Clothes used during the illness or in any way exposed to infection must not be worn again or put away in drawers or wardrobes until they have been properly disinfected.

## **13.—Final Disinfection—**

When the sickness has terminated, the room and its contents should be disinfected. This work will be carried out by the Sanitary Staff.

 Householders are hereby notified that when SCARLET FEVER patients are treated at home, disinfection of bedding, premises, &c., cannot be carried out till the expiration of at least SIX WEEKS from the commencement of the last case of such illness in the house.

## **14.—Special Precautions in case of Death—**

Should death occur, the body must, as soon as possible, be placed in a coffin which should be, at once, screwed down; the funeral must take place within forty-eight hours of death. Mourners should not meet in the room in which death took place.

Izal and other disinfectants can be obtained *free of cost* on application at the Town Hall, and the disinfection of rooms will be carried out free of cost. Rooms which have been occupied by a person who has died of Phthisis (Consumption) should be disinfected.

By order of the Committee,

THOMAS FISHER.

Medical Officer of Health.



Table 1. Vital Statistics of Whole District during 1906 and Previous Years.

Year.	Population estimated to Middle of each Year. 2	Births.		Total Deaths Registered in the District.				Total Deaths in Public Insti- tutions in the District. 9	Deaths of Non-resi- dents regis- tered in Public Insti- tutions in the District. 10	Deaths of Residents registered in Public Insti- tutions beyond the District. 11	Nett Deaths at all Ages belong- ing to District.	
		Number 3	Rate * 4	Under 1 Year of Age.		At all Ages.					Number 12	Rate * 13
				Number 5	Rate per 1000 Births registered. 6	Number 7	Rate * 8					
1												
1896	12151	259	21.31	28	108.10	167	13.74				167	13.74
1897	12151	301	24.68	45	149.50	177	14.56				177	14.56
1898	12151	254	20.90	29	114.1	158	13.03				158	13.03
1899	12500	303	24.9	23	75.9	171	14.07				171	14.07
1900	12500	243	19.44	19	78.14	166	13.28				166	13.28
1901	10436	248	23.76	18	72.58	122	11.69				122	11.69
1902	10436	251	24.05	17	67.72	139	13.31				139	13.31
1903	10436	268	25.68	19	71.03	144	13.79				144	13.79
1904	10436	220	21.08	26	59.9	139	13.31				139	13.31
1905	10436	221	21.17	17	76.9	121	11.59	4			121	11.59
Aver- ages for years 1 96-												
1905	11363.3	256.8	22.68	24.1	87.38	150.4	13.237				150.4	13.237
1906	10436	240	22.99	14	58.33	138	13.22	5	2	1	132	12.64

\* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

Area of District in acres }  
(exclusively of area } 57.151  
covered by water)

Total population at all ages, 10436, at Census of 1901

Table 2. Vital Statistics of separate Localities in 1906 and previous years.

Names of Localities.	GARSTANG.				STALMINE.				ST. MICHAEL'S.			
	Population esti- mated to middle of each Year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year	Population esti- mated to middle of each year.	Births registered.	Deaths at all ages.	Deaths under 1 year
1896	6134	138	87	14	3245	66	47	9	2772	55	33	5
1897	6134	124	79	19	3245	114	54	17	2772	63	44	9
1898	6134	114	73	8	3245	85	55	15	2772	55	30	6
1899		126	90	12		111	40	8		66	41	3
1900		111	80	11		67	38	4		65	48	4
1901	5311	128	71	12	2265	58	21	2	2860	62	30	4
1902	5311	133	72	7	2265	56	28	2	2860	62	39	8
1903	5311	139	76	10	2265	68	31	Nil	2860	61	37	9
1904	5311	102	75	16	2265	54	24	6	2860	64	40	4
1905	5311	113	69	9	2265	50	23	3	2860	58	29	5
Average of Years 1896 to 1905		122.8	77.2	11.8		72.9	36.1	6.6		61.1	37.1	5.7
1906.	5311	111	61	8	2265	65	35	1	2860	64	36	5



Table 3. Cases of Infectious Disease notified during the year 1906.

Notifiable Disease.	Cases Notified in Whole District.						
	At all Ages.	At Ages—Years.					
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards.
Diphtheria.....	6	1	4			1	
Erysipelas .....	8	2				4	2
Scarlet Fever .....	34		10	21	1	2	
Enteric Fever .....	12		2	4	2	4	
Totals .....	60	1	13	29	3	11	2

Garstang, 29. Stalmine, 13. St. Michael's, 18.  
Isolation Hospital,—Nil, except Elswick Smallpox (Conjoint),

Table 4. Causes of, and Ages at, Death during year 1906.

Causes of Death.	Deaths at the subjoined ages of "Residents" whether occurring in or beyond the District.						
	All ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Measles .. .. .	2	1	1				
Scarlet Fever .. .. .	1			1			
Whooping Cough .. .. .	3	3					
Epidemic Influenza .. .. .	3					2	1
Enteritis .. .. .	2					1	1
Erysipelas .. .. .	1					1	
Other septic diseases .. .. .	1	1					
Phthisis (Pulm. Tuberculosis)	9	1			2	6	
Other tubercular diseases ..	4			4			
Cancer, malignant disease ..	3					3	
Bronchitis .. .. .	4					1	3
Pneumonia .. .. .	9	2	1	1		2	3
Pleurisy .. .. .	1					1	
Alcoholism, Cirrhosis of Liver	3					3	
Premature birth .. .. .	2	2					
Diseases and Accidents of parturition .. .. .	2					2	
Heart diseases .. .. .	28				1	11	16
Accidents .. .. .	7		3		1	3	
Suicides .. .. .	3				1	2	
All other causes .. .. .	44	4		2		12	26
All causes .. .. .	132	14	5	8	5	50	50



Table 5. INFANTILE MORTALITY DURING THE YEAR 1906.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 week	3-4 weeks	Total under 1 Month	5-6 months	6-7 months	7-8 months	8-9 months	9-10 months	Total Deaths under One Year.
All Causes	<div>Certified Uncertified</div>	3	3	6	3	2	1	1	1	14
Measles	...				1			1		1
Whooping Cough	...					2				3
Premature Birth	...	2								2
Congenital Defects	...		2				1			2
Atrophy, Debility, Marasmus...	...				1					1
Other Tuberculous Disease	...				1				1	2
Pneumonia	...	1	1							2
Other Causes	...									
		3	3	6	3	2	1	1	1	14

Births in the year

{

legitimate .....240

illegitimate.....We have no record.

}

Population, Estimated to middle of 1906...10,436

Deaths in the year of legitimate infants...14

Deaths from all Causes at all Ages...132

## Factories, Workshops, Laundries, Workplaces &amp; Homework.

## 1. INSPECTION.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of Inspections.
Factories (Including Factory Laundries) .. .. .	
Workshops (Including Workshop Laundries) .. .. .	68
Workplaces .. .. .	Nil
Homeworkers' Premises .. .. .	Nil
TOTAL .. .. .	68

## 2. DEFECTS FOUND.

Particulars.	Number of Defects.	
	Found.	Remedied.
Nuisances under the Public Health Acts:—		
Want of cleanliness.. .. .	2	2
Want of Ventilation .. .. .	1	1
Overcrowding .. .. .	Nil	
Want of drainage of floors .. .. .	Nil	
Other nuisances .. .. .	Nil	
Total .. .. .	3	3

## 5. OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (S. 133) .. .. .	
Action taken in matters referred by H.M. Inspectors as remediable under the Public Health Acts, but not under the Factory Act (S. 5)	Notified by H.M. Inspector
Factories .. .. .	
Workshops .. .. .	
Bakehouses .. .. .	
Total number of workshops on register ..	



COUNTY OF LANCASTER

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Summary of Medical Officer's Report  
for 1906.

Has any arrangement been made for the "voluntary" notification of Phthisis? Yes.

Has the Authority adopted—

(a) "The Infectious Disease (Prevention) Act, 1890"?....	Yes.
(b) "The Public Health Acts Amendment Act, 1890"?....	Yes.

